MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10624 739 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP		51		I				
1								52		I				
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45								96						
46								97						
47								98						
48								99						
49								100						
50														
TOTAL IND.								TOTAL IND.	1					
TOTAL DEP.								TOTAL DEP.	3					
TOTAL CLAIMS								TOTAL CLAIMS	4					